

SUPPLEMENTAL SECURITY INCOME (SSI) STATE SUPPLEMENT PROGRAM

Purpose: This section describes the Supplemental Security Income (SSI) state supplement program, including:

- Program administration
- Benefit issuance
- Medical coverage
- Eligibility for other programs; and
- Department responsibilities when SSI benefits are terminated.

WAC 388-474-0001 General Information - Supplemental Security Income

- (1) Persons with limited income and resources who are aged, blind, or disabled may qualify for federal cash benefits under the Supplemental Security Income program (SSI) administered by the Social Security Administration (SSA) under Title XVI of the Social Security Act.
- (2) The SSI program replaced state programs for aged, blind and disabled persons beginning in January, 1974. Persons who received state assistance in December, 1973, as aged, blind or disabled or were needed in the home to care for an eligible person, automatically became eligible for SSI in January, 1974.
- (3) The spouse of an SSI recipient who does not qualify for SSI in their own right may be included in the state supplement payment but is not considered an SSI recipient for purposes of medical assistance eligibility.

CLARIFYING INFORMATION

1. Supplemental Security Income (SSI) is a nationwide program begun in January 1974. It is designed to provide federal cash benefits to individuals, couples and children who meet the federal disability criteria as aged, blind or disabled and have limited income and resources.
2. At the time of conversion from the state disability program to the federal SSI program, persons living in the home and considered to be needed in the home for the care of the SSI recipient were included in the federal benefit payment. These

persons are called essential persons. At that time, the federal benefit payment was less than the state disability payment in effect for December, 1973. The state supplements the federal benefit to make up the difference.

3. A person meets federal disability criteria when:
 - a. Aged; defined as sixty-five years of age or over; or
 - b. Blind; defined as:
 - (1) Vision measured at 20/200 or less WITH glasses; or
 - (2) Visual angle (peripheral vision) measured at twenty degrees or less; or
 - c. Disabled, defined as:
 - (1) Eighteen years of age and over and unable to engage in substantial gainful activity; or
 - (2) Under eighteen years of age and unable to respond at the social and/or developmental activity level appropriate for their age;
 - (3) Due to a physical or mental condition that has lasted or is expected to last at least twelve consecutive months or end in death.
4. The SSI state supplement standard is established by the department and varies by the number of eligible individuals in the household and by the living arrangement. See **STANDARDS**.
5. SSA issues the monthly SSI benefit amount, based on the combined federal/state benefit level, minus countable income.

WAC 388-474-0005 Medical coverage.

- (1) An SSI recipient qualifies for categorically needy (CN) medical coverage without a medical determination, except when the SSI recipient:
 - (a) Refuses to provide private medical insurance information or to assign

	the right to recover insurance funds to the department;
(b)	Disposes of resources for less than fair market value and then applies for Medicaid coverage of nursing home care within thirty months of the date of transfer; or
(c)	Has a Medicaid qualifying trust.
(2)	A person designated as an essential person in January, 1974, qualifies for CN medical coverage as long as they continue to reside with the SSI recipient.
(3)	The spouse of an SSI recipient designated as an ineligible spouse must have medical eligibility separately determined when:
(a)	They do not automatically qualify for medical coverage in subsection (2) above; or
(b)	They are not eligible for SSI in their own right.
(4)	Persons who are not receiving SSI, but are SSI-related and qualify for CN medical assistance are described in WAC 388-505-0110.

CLARIFYING INFORMATION

1. SSA notifies the department of changes of circumstance for SSI applicants and recipients via the State Data Exchange (SDX). See **DATA SHARING**
2. ACES automatically updates the record for some changes and alerts CSO staff to take action on other changes.

WORKER RESPONSIBILITIES

1. Authorize CN medical coverage for eligible SSI recipients and any essential persons.
2. SSA does not pay the client for the first month of eligibility but the client is still eligible for SSI CN medical for that month. The first month appears on the SDX 1

screen in the "on set disability" section. When processing the medical open it effective to the first of the month listed in the "on set disability" section.

3. If the client was receiving CN medical prior to SSI eligibility (e.g. TANF), it is necessary to do a benefit adjustment to correct the client benefit history to show that the client was SSI CN eligible back to and including the "on set disability" month. This requires changing on a month by month basis.
4. Determine separate medical eligibility for those SSI recipients in the exception category and for the ineligible spouse. See **ADULT MEDICAL**

WAC 388-474-0010 Eligibility for other programs.

- (1) The spouse of an SSI recipient is not eligible for the state supplement for an ineligible spouse when they are authorized for TANF.
- (2) The spouse of an eligible SSI recipient qualifies for inclusion in the SSI grant and is not eligible for general assistance benefits.

CLARIFYING INFORMATION

The TANF program takes precedence over the state SSI supplemental payment. The state supplemental payment takes precedence over general assistance benefits.

See **ONGOING ADDITIONAL REQUIREMENTS**

WAC 388-474-0015 Termination of SSI.

- (1) A person terminated from SSI cash assistance will have CN medical coverage continued when:
 - (a) Countable income exceeds the SSI income standard due solely to the annual cost-of-living adjustment (COLA); or
 - (b) A timely request for a hearing has been filed. Categorically needy medical coverage is continued until SSA makes a final decision on the hearing request and on any subsequent timely appeals.

- (2) A person terminated from SSI is eligible for continued CN medical coverage for a period of up to one hundred twenty days from the date of termination of SSI cash benefits while eligibility for other cash or medical programs is being determined.
- (3) A terminated SSI or SSI-related client will have their disability redetermined under certain conditions. These conditions are:
 - (a) The person presents new medical evidence;
 - (b) The person's medical condition changes significantly; or
 - (c) The termination from SSI was not based on a review of current medical evidence.
- (4) Children terminated from SSI due to loss of status as a disabled person may be eligible for medical benefits under WAC 388-505-0210.

CLARIFYING INFORMATION

1. SSA terminates benefits when the eligible SSI beneficiary:
 - a. Is deceased;
 - b. No longer lives in the state;
 - c. Fails to apply for and, if eligible, obtain benefits or accept services as specified by SSA
 - d. Has lived in a public institution, such as a county jail or federal prison, for a full calendar month;
 - e. No longer meets federal disability criteria as blind or disabled; or
 - f. Has been eligible for SSI since January 1974 as a grandfathered recipient but no longer meets the state definition of blind or disabled under which he or she was determined eligible in December 1973.

2. Benefits to the essential person and the ineligible spouse are terminated when the eligible SSI beneficiary is terminated from SSI.
3. A person terminated from SSI due to failure to meet federal disability criteria may have a recent medical condition which was not documented in the medical evidence considered by SSA at redetermination. New medical evidence concerning this condition may justify an appeal to SSA.

WORKER RESPONSIBILITIES:

1. When an SSI client is terminated, continue CN medical coverage until eligibility for other cash and medical programs has been determined.
2. Do not make a referral to DDDS unless there is evidence that the client's condition has changed or a new disability is indicated.

WAC388-474-0020 Duplicate assistance and overpayments.

- (1) Persons receiving cash benefits under the general assistance program who receive advance, emergency or retroactive SSI cash assistance for the same time period are considered to have received duplicate assistance. The amount of general assistance paid during this time period must be repaid to the department.
- (2) Applicants for general assistance-unemployable (GA-U) are required to sign DSHS 18-235(X), interim assistance reimbursement agreement (IARA) as a condition of eligibility for assistance.
- (3) GA-U funds cannot be used to replace money deducted from a person's SSI check by SSA to repay an overpayment of SSI benefits.

CLARIFYING INFORMATION

1. GAU applicants for SSI. The signed DSHS 18-235(X) is the department's authorization to recover state funds expended to meet the person's needs if they are later approved for SSI.
2. The Office of Financial Recovery (OFR) determines the amount of interim assistance recovered from general assistance recipients approved for SSI. Attorney fees paid by the client for
3. SSA collects both the federal and state supplement amounts on SSI overpayments.
4. Interim assistance payments sent directly to the client which cover the same period of time as general assistance payments are considered duplicate assistance and a debt due the state.
5. SSA issues both the federal and state supplement amounts on SSI underpayments. The money goes to the eligible SSI beneficiary or to the eligible spouse if the beneficiary dies before receiving the check. If there is no eligible spouse, the check is retained by SSA.

WORKER RESPONSIBILITIES

1. When a GAU applicant or recipient is required to apply for SSI, open or change to the General Assistance Expedited Medical Services (GA-X) program and authorize Title XIX medical coverage.
2. When a GAU recipient is approved for SSI, change to the SSI program and continue Title XIX medical coverage.

ACES PROCEDURES**Screen**

1. **Note:** Alert #138 notifies the worker when a client known to ACES begins to receive SSI. Alert #195 notifies of an SSI opening when a client is not known to ACES.
2. The State Data Exchange (SDX) can be accessed in ACES off the main menu.

- a. From WMEN, select <L>;
 - b. From LMEN, select <D>;
 - c. <F13> for page two, three, or four.
3. If screening for medical only on an SSI recipient, and no other program is involved, only the SSI recipient needs to be entered into the ACES system. Other household members should be documented on the Narrative (NARR) screen and behind the Shelter (SHEL) screen.
 4. When there are others besides the SSI recipient in the home and medical or other programs are being requested, all members must be entered into ACES.
 5. When there is more than one SSI household member, screen each SSI recipient into ACES separately. The S01 medical coverage group can only have one recipient.
 6. Complete screening instructions can be found in SCREENING, a sub-category under APPLICATIONS. Only entries specific to the medical coverage group for SSI <SO1> will be included here.
 - a. (CIRC)
 - (1) Enter unearned income type [SI] for an SSI benefit payment.
 - (2) Enter [Y] by the Disabled or Blind selections if either apply. (Age is determined by the birth date on the (MEMB) screen).
 - (3) Enter [Y] by Authorized Rep if the SSI recipient is a child or has a payee established to receive payments, notices, or Medical ID cards.
 - (4) Enter [Y] by the Medicare Part A Entitlement if the client is entitled to or receiving Medicare Part A Hospital Insurance.
 - b. (MEMB)

Enter [Y] if client has an authorized representative payee.

c. (AURP)

Enter the payee information during the interview, not during screening. The information will not carry forward.

d. (INCH)

(1) Program Type should be [A](aged), [B](blind), or [D](disabled).

(2) Medical Coverage Group should be [S01] (SSI categorically Needy).

Interview

1. Most of the Interview screens are self explanatory. Only the information pertaining to the specifics of an SSI action are included here. For complete information on interviewing in ACES, see **INTERVIEWING**, a sub-category in **APPLICATIONS**.

a. (AREP)

Enter valid value [RP] for an SSI representative payee.

b. (DEM2)

(1) Disability/incapacity information must be entered for SSI recipients.

(2) [B], [D] for Dis/Incp type

(3) [SI] for approval source

(4) Enter the approval date and established date. This information can be found on the award letter, or the SDX crossmatch (accessed under [L] file inquiry off the (WMEN).

(5) Enter [Y] if third party liability insurance exists, or if client is eligible for Medicare Part A.

(6) Press <F22> to access the Third Party Liability (TPL) screen.

c. (TPL1)

Enter [MEDA] as carrier and claim number as policy number for Medicare Part A. Call up a second screen [MEDB] for Medicare Part B.

d. (UINC)

- (1) Income source is [SI].
- (2) Enter the Social Security number of the SSI recipient as the claim number.
- (3) If there is a payee fee, enter valid value [PP] and the amount charged.
- (4) Enter SSI amount in the prospective field.

Process and Finalize

Changes of Circumstance

1. See **ALERTS** in the ACES category for instructions on completing actions when receiving an alert.
2. See **CHANGE OF CIRCUMSTANCE** category for other change actions.